FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
7/21/2025 10:48 AM

PROVIDER ID:
101195

REGISTRATION #:
136621

JURISDICTION:

INSPECTION TYPE	
	Initial Application
	Conversion
	Mandatory Review
	Full
	Complaint Investigation
	Monitoring
✔	Other

☐ Follow Up

AGES	Registered for	# Enrolled	# Present	Resident Children
0-23 Months	4	3	3	0
2's	● Y N	2	2	0
3's	● Y N	3	3	0
4's	● Y N	0	0	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	● Y N	0	0	0
TOTAL		8	8	0
Overnight		0	0	XXXXXX
Head Start	XXXXXX	0	XXXXXX	XXXXXX

REGION:
5

Fatality:
0

Serious Injury:
0

EXCELS LEVEL:
2

COMPLAINT #:

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

HOMEOWNER'S INSURANCE COVERAGE: ☐ N/A ● Y ☐ N

EXP DATE:
7/25/2026

BUSINESS NAME:

PROVIDER NAME:
Delsis Majano

CO-PROVIDER:

ADDRESS:
419 Browning Ct Takoma Park MD 20912

PERSONS INTERVIEWED:
Delsis Majano and Krissia Funes

TITLE(S):
Provider and Additional Adult

TELEPHONE:
(301) 589-5182

E-MAIL:
delsis-majano@hotmail.com ● Verified ○ N/A

PART 1 - MANDATORY REVIEW ITEMS

INSTRUCTIONS: (1) Review each regulation that applies to the inspection being conducted.
(2) The compliance status of an item listed under Part 2 may be recorded when deemed necessary.
(3) Initial/Resumption/Conversion/Full Inspection - Complete both Part 1 and Part 2.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

X	.02.01D	Certificate Conspicuously Displayed	
X	.03.04A	Emergency Forms	
X	.03.05C-E	Notification of Changes	
X	.04.03	Child Capacity	
X	.05.03	Cleanliness and Sanitation	
X	.05.04	Rooms Used for Care	
X	.05.05	Outdoor Activity Area	
X	.05.06	Rest Furnishings	
X	.06.02	Training Requirements	
X	.07.01	Prohibition of Abuse, Neglect, Injurious Treatment	
X	.07.02	Abuse and Neglect Reporting	
X	.07.04	Child Discipline	
X	.07.07	Child Security	
X	.08.01	General Child Supervision	
X	.10.02	Potentially Hazardous Items	
X	.10.06	Rest Time Safety	

PART 2 – GENERAL COMPLIANCE REVIEW

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

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CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE

X	.03B	Continuing Registration
X	.04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

X	.01	Advertisement

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

X	.02	Admission to Care
X	.03	Program Records
X	.04	Child Records **[exc. A]**
X	.05	Notifications **[exc. C-E]**
X	.06	Variances

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

CHAPTER 04 OPERATIONAL REQUIREMENTS

X ____.01 Hours of Care

X ____.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

X ____.01 Suitability of the Home

X ____.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

X ____.03 Provider Substitute

X ____.04 Additional Adult

X ____.05 Volunteers

CHAPTER 07 CHILD PROTECTION

X ____.03 Applicability to Residents

X ____.05 Parental Access

X ____.06 Authorized Release

CHAPTER 08 CHILD SUPERVISION

X ____.02 Off-Site Supervision

X ____.03 Water Activity Supervision

X ____.04 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

X ____.01 Activities

X ____.02 Materials/Equipment

X ____.03 Rest Periods

CHAPTER 10 SAFETY

X ____.01 Emergency Safety

X ____.03 Outdoor Safety

X ____.04 Water Safety

X ____.05 Transportation Safety

CHAPTER 11 HEALTH

X ____.01 Child Comfort/Welfare

X ____.02 Exclusion for Acute Illness

X ____.03 Infectious/Communicable Diseases

X ____.04 Medication Administration/Storage

X ____.05 Smoking

X ____.06 Consumption of Alcohol/Drugs

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

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CHAPTER 12 NUTRITION

X ____.01 Nutrition/Food Served

X ____.02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X ____.01 Inspections

X ____.06 Emergency Suspension

Signature of Provider	Signature of Agency Representative	Date
	Ebony Ruffin	7/21/2025